

Rowan County Administration

2006 Benefit Summary

Item	Preferred	Non-Preferred (R & C charges apply)
Primary Care Services Office Visits, PCP <i>Including office surgery</i> Allergy Injections	100% after \$20 co-pay 100% ded. waived	100% after \$30 co-pay 100% ded. waived
Preventive Care/Wellness Routine Child Care, up to age 6 Well Adult Care Annual gynecologic exam Annual mammography screening Annual PSA testing and prostate screening	100% after \$20 co-pay 100% after \$20 co-pay 100% after \$20 co-pay 100% after \$20 co-pay 100% after \$20 co-pay	100% after \$30 co-pay 100% after \$30 co-pay 100% after \$30 co-pay 100% after \$30 co-pay 100% after \$30 co-pay
Specialist Services <i>Including surgery and allergy injections</i>	80% after deductible	50% after deductible
Prescription Drug Benefits <i>Retail 34 day</i> Generic Preferred Brand (Formulary) Non-Preferred Brand (Non-Formulary) <i>Mail Order 90 day</i> Generic Preferred Brand (Formulary) Non-Preferred Brand (Non-Formulary)	\$5 co-pay \$30 co-pay \$50 co-pay \$10 co-pay \$60 co-pay \$100 co-pay	
Emergency Care (Facility Only) Emergency Room Urgent Care	100% after \$100 co-pay, co-pay waived if admitted 100% after \$50 co-pay	
Hospital Services	80% after deductible	50% after deductible
All other services rendered by a physician	80% after deductible	50% after deductible
Deductible (Calendar Year) Member Family	\$400 \$1,200	\$800 \$2,400
Out-of-Pocket Limit Member Family	\$2,500 \$5,000	\$3,500 \$7,000
Lifetime Maximum	\$2,000,000	